



Date: _____

BUILDERS OF HOPE GREEN CONSTRUCTION TRAINING APPLICATION

The application is a confidential document and will be used to evaluate whether you are eligible for the training program. All information is kept confidential and will not be shared with anyone outside the staff. Please answer all questions completely.

SECTION 1: PERSONAL INFORMATION

Last Name First Name Middle Name

Address Apt City State Zip Code

(Mailing Address if different from above)

Home Phone Number Alternate Phone Number Best time to Call

Date of Birth Social Security Number Drivers License #/State (if applicable)

Sex: ____ Male ____ Female

Are you a U.S. Citizen? ____ Yes ____ No (If no, please provide a copy of your green card that allows you to stay in the United States.)

Race/Ethnicity: ____ White ____ African American ____ Hispanic/Latino ____ Asian
____ American Indian ____ Other

How did you hear about this program?

SECTION 2: AVAILABILITY TO PARTICIPATE

Are you available to begin training immediately? ____ Yes ____ No

If no, when will you be available? _____

What time frame are you available to participate in training? (i.e. M-F, 8 AM-12 PM)

Do you have your own car? ____ Yes ____ No

How will you get to training?

____ Someone will drive me. List name and relationship: _____

____ Public transportation

____ Drive myself

____ Bike

____ Other: _____

Can you commit 16 weeks to completing this program training? ____ Yes ____ No

**Reminder – missing more than 3 classes might result in termination from the training program.*

SECTION 3: EDUCATIONAL BACKGROUND
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What was the last grade of school you completed? _____

What school were you last attending? _____

City

State

Zip Code

Do you have a High School Diploma? ____ Yes ____ No

Do you have a GED? ____ Yes ____ No If yes, when did you receive it? _____

Did you attend college? ____ Yes ____ No

What type of degree were you working towards? _____

Did you graduate? _____

Are you currently enrolled in a GED/HS Diploma program or in college? ____ Yes ____ No

If yes, please list program, location, and **time** of training.

Have you been in any other school or training programs since school? ____ Yes ____ No

If yes, please list the name and address, type of training, and years attended.

What other skills or qualifications do you have?

Are you interested in a career in green construction?

☐ Yes ☐ No

If yes, why are you interested in a career in green construction?

SECTION 4: CONVICTION RECORD

Persons with criminal records are eligible for this training. If you have a conviction record and are on probation, we must know in order to assist you with your training needs.

Do you have a felony? ☐ Yes ☐ No

If yes, please explain _____

Are you on probation or parole? ☐ Yes ☐ No

If yes, please list your Probation or Parole Office's name and telephone number:

SECTION 5: EMPLOYMENT HISTORY

1. Current or most recent employer: _____

Supervisor: _____

Address: _____

Job Title or description: _____

Wages per hour: _____

Hours and days working/worked per week: _____

Dates of employment: _____

(Date started / Date ended)

2. Previous employer: _____
Supervisor: _____
Address: _____
Job Title or description: _____
Wages per hour: _____ Hours worked per week: _____
Dates of employment: _____
(Date started / Date ended)

SECTION 6: HEALTH QUESTIONS

Good physical health is essential and you will be required to take a physical and a drug test.

What is condition of your health? ____Excellent ____Good ____Fair ____Poor

Can you lift at least 25 pounds? ____Yes ____No

Do you have any health problems or disabilities that would hinder you from completing this training program and performing outside labor? ____Yes ____No

If yes, please explain _____

SECTION 7: CERTIFICATION

I, the undersigned, affirmed that the information I have given on this application is true and correct to the best of my knowledge. I also understand by enrolling in this program that I am required to pass a physical and drug test. This program requires that I commit to six to eight weeks in the program. I understand that failure to complete this work commitment and training may result in the reimbursement of the cost on my part to the entities that have provided for me. Failure to comply with any of these terms will result in termination from the program.

Signature

Date

Emergency Contact Name, Relationship, and Phone Number

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